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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/108,994 11/18/1998 KAC

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/21/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 12	TOTAL CLAIMS 73	INDEPENDENT CLAIMS 38
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>KAC</i> Initials			

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TITLE

IDENTIFICATION OF DIFFERENTIALLY METHYLATED MULTIPLE DRUG RESISTANCE LOCI

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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